LIFEQUEST
BEHAVIORAL HEALTH CARE

Adult Individual Consent Packet and Information

Client Information: ***Must be filled out**

*First Name:_____ *Last Name:_____

*Date of Birth: ____/____/_____ *Pronouns:_____

*Primary Phone #:_____Secondary Phone #:_____

*Email Address:_____

*Address: _____ 2nd Address:_____

*City:_____ *State:_____ *Zip Code:_____

*Administrative Sex(circle one): Male or Female

The section below is optional, and is for your profile only:

Gender Identity:_____Race(s):_____

Ethnicity:_____Marital Status:_____

Employment:_____Religious Affiliation:_____

Client Portal:***Must be filled out**

Lifequest uses an online system where clients can have reminders sent to them via text, email or both. The client portal allows access to update your personal information, payment cards, insurance and sign paperwork for your clinicians at any time.

***Please mark and provide where you would like the reminders and notifications sent.**

(Email is the only way to receive document notification updates).

- Email & Text Reminders/Document notifications(circle one):
  use info above or other number/email provided below:
  _____
- Text Reminders Only(circle one):
  use info above or other number provided below:
  _____
- Email Reminders Only(circle one):
  use info above or other email provided below:
  _____

***Please initial that you have read over the above information:_____**

Insurance Coverage Information: ***Must be filled out**

*Insurance Name:_____

*Member ID/Reference#:_____

*Subscribers Name:_____

*Subscribers Birth date:____/____/_____

*Relation to Subscriber(circle one): Self/Spouse/Child

*Subscribers Administrative Sex(circle one): Male or Female

Secondary Insurance:

(please disregard if you only have one insurance)

*Insurance Name:_____

*Member ID/Reference#:_____

*Subscribers Name:_____

*Subscribers Birth date:____/____/_____

*Relation to Subscriber(circle one): Self/Spouse/Child

*Subscribers Administrative Sex(circle one): Male or Female

Financial Responsibility & Assignment of Benefits: ***Must be filled out**

(please disregard if you have medicaid has primary or secondary insurance)

The client (or client's guardian, if a minor) is ultimately responsible for the payment for treatment and care. LifeQuest will bill your insurance for you if you are within their provider network. **However, the client is required to provide the most correct and updated information regarding insurance.** If we are not within your insurance provider network, we can provide a Superbill which you can submit directly to your insurance for a refund. Clients are responsible for payment of copays, coinsurance, deductibles, and all other procedures or treatment not covered by your insurance plan. Copays are due at the time of service unless other arrangements have been made.

***Please initial that you have read over the above information:_____**

Clients may be required to, and are responsible for payments of additional charges if applicable. These charges may include:

***Please Initial below that you have read the following notices:**

_____ Late cancellations(less than 24hr notice)/No Show Fee- **$125**

_____ **Any cost** associated with the collection of a client's balance

_____ Returned checks fee- **$25**

By initialing below, I hereby authorize assignment of financial benefits directly to LifeQuest Behavioral Health Care and any associated healthcare entities for service rendered as allowable under standard third-party contacts. I understand that I am financially responsible for charges not covered by this assignment. I have read, understand, and agree to the provisions of this Financial Responsibility and Assignment of Benefits section.

Cancellation Policy: ***Must be filled out**

To make the most of your therapy, it is to your benefit for you to commit to attending all scheduled sessions. We understand that occasional emergencies arise beyond your control, at which time it is important for you to contact LifeQuest to reschedule or cancel your appointment. We require a minimum of 24-hour notice but prefer as much notice as possible. **Clients will be charged a $125 fee for a less than 24 hour notice or for not showing up to your appointment.** Missed appointments not only impede your progress and we at LifeQuest want to be helpful in progress. Please note that Medicaid and other Insurance companies only pay for sessions that are attended by the client and clinician.

Thus, it is LifeQuest's policy that **after 2 missed appointments without 24-hour notice,** the clinician may remove you from his/her regular schedule and place you on a waiting list for the availability of an on-call appointment. Our goal is to contact clients on the waiting list as soon as possible to allow enough time to accommodate their schedule, but there is no guarantee of time or frequency of these appointments.

Client's Rights: ***Must be filled out**

All persons receiving services shall retain all rights, benefits, and privileges guaranteed by the laws and constitution of the state of Nevada and the United States of America, except those specifically lost through due process of law.

LifeQuest, rules shall not be more restrictive than these rights.

- You are entitled to be treated in a professional, courteous, and caring manner that respects and appreciates differences related to race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability, and economic or veteran status.
- You are entitled to request the mental health provider(s) of your choice or to change your provider, as well as to request a second opinion.
- You are entitled to have LifeQuest representatives and your provider conduct themselves in an ethical manner in accordance with our "code of ethical conduct" and to have such services provided with no mental, physical, or financial abuse.
- You are entitled to receive services in a way that respects your dignity and privacy and that promotes your autonomy.
- You are entitled to have your records kept confidential in accordance with the law.
- You are entitled to your mental health provider's independent professional judgment and undivided loyalty uncompromised by conflicts of interest.
- You are entitled to have your questions and concerns addressed in a prompt manner and to be allowed to participate meaningfully in the development of your treatment program.
- You are entitled to have the expense of services provided explained to you at the onset of services.
- You have a right to file a grievance and to have that policy and procedures presented to you in writing.

Limits of Confidentiality: ***Must be filled out**

Confidentiality is the promise to keep your personal and private information from being shared or given to another person, agency, or authority without your written permission. All staff, administration, supervisors, clinicians, clinician interns, and clinicians-in-training are required to keep your information private and confidential.
Under the Federal Law, Nevada Revised Statutes (Law), and the professional codes and standards of clinicians require clinicians to report and tell certain information to

responsible persons at state agencies. It is the professional and legal duty of clinicians to give information about you to others with or without your written "Okay" for the following reasons:

- To stop a serious threat to yourself or another person's health and safety.
- To report child abuse or neglect or elder abuse or neglect.
- In response to written Order of the Court or where otherwise required by law.
- To the extent necessary for emergency medical care to be rendered

When we do give information, we give only the key and necessary information to meet our duty. If possible, we try to let you know ahead of time. By initialing this form, you are saying you understand the limits of your confidentiality or the limits to the protection of your private and personal information.

HIPAA Information: ***Must be filled out**

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. HIPAA provides rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protection to you as the client. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services (www.hhs.gov).

Our Policies:

- Client information will be kept confidential, except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This includes the sharing of information with other health care providers, health insurance payers, as is necessary and appropriate for your care. Client records may be stored in files. The normal course of providing care means that such records may be left, at least temporarily in administrative area such as the front office. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized with the office for the handling of charts, patient records, PHI, and other documents of information.
- It is the policy of this office to remind clients of their appointments. We may do this

by telephone, e-mail, U.S. mail or by any means convenient by the practice or requested by you.

- You understand and agree to a review of documents, which may include PHI, by insurance payers in the normal performance of their duties.
- You agree to bring any concerns or complaints regarding privacy to the attention of LifeQuest management.
- Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services.
- We agree to provide clients with access to their records in accordance with state and federal laws.
- We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the client.
- You have the right to request restrictions in the uses of your protected health information and to request a change in certain policies used within the office concerning your PHI. However, we are not obligated to conform to your request.

Informed Consent: ***Must be filled out**

LifeQuest is dedicated to providing culturally sensitive, accessible, and effective mental health/behavioral health services for minors, adults and families. With an emphasis on quality over quantity, LifeQuest's commitment is to support and assist those we serve in advancing toward a more productive, healthy, and happy life. Our vision includes a positive impact for minors, adults and families affected by disability, trauma, violence, abuse, and neglect and more.

The following describes information for clients who request individual, couple, family, or group services from any provider of LifeQuest. Please review the following information carefully and voice any questions or concerns you have. By initialing each part below and signing at the end you understand and agree that you are giving your informed consent for services provided by LifeQuest.

Please Initial below that you have read the following:

- I give consent for information exchange between my insurance and their authorized representative and the Rehabilitation service provider(s) as necessary for treatment and payment operations for so long as I am receiving therapeutic and rehabilitation services from LifeQuest Behavioral Health Care.

- Counseling services at LifeQuest are provided by Nevada licensed clinicians, Nevada licensed clinician interns, and clinicians-in-training practicum students under the supervision and direction of a Nevada licensed clinician. I understand that any meeting I have with my clinician may be discussed with the clinician's supervisor, other clinic clinicians or professional consultants. I understand that, by signing below, I am a client of LifeQuest. Therefore, my case file may be reviewed by appropriate LifeQuest staff for program and insurance compliance.
- I understand that LifeQuest's therapeutic program is designed to enhance the emotional development of myself and to encourage prosocial and responsible behavior. The therapeutic process may result in a person or persons modifying feelings, conditions, attitudes, and behaviors that are emotionally, intellectually, or socially ineffective or maladjusted.
- I understand that throughout the counseling process issues might become more difficult before they improve as uncomfortable feelings and reactions, such as sadness, anxiety, anger, and so on, may come up. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But there are no guarantees about what will happen. Therapy requires a very active effort on my part. In order to be most successful, I will have to work on things we discuss outside of sessions.
- I also understand that the program uses a "hands off" approach to managing clients and does not practice physical restraint; therefore, I recognize that my participation in the program is contingent upon my ability to maintain safety for myself and others.
- Except as stated above in the Limits of Confidentiality and in the Informed Consent, my personal and private information is not shared or given to another person, agency, or authority without my written permission.
- In the event that either my clinician or I deem therapeutic services to be unhelpful or not beneficial, therapeutic alternatives can be discussed which can include changes to my treatment plan, the termination of our therapeutic relationship, or a referral to another helping professional. LifeQuest will provide me with the names and contact information of other programs or services if I ask, if LifeQuest cannot meet my needs, or if LifeQuest is unable to provide me services at the time when I need them.
- If I am seeing another professional outside of LifeQuest, such as a doctor, psychiatrist, or another clinician, I will inform my clinician. If appropriate and

necessary, I will provide written permission for my clinician and that professional to work together in providing services.

- The laws and standards of my clinician's profession require that they keep treatment records. Although therapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, progress, diagnosis, and a general mention of the topics discussed.
- As your clinician, I agree to enter into a professional relationship with you and to maintain your privacy which extends to the community and online/social media forums. In an effort to uphold confidentiality, I will take cues from you during and if we have a public encounter. While I intend to be courteous and professional should you greet me, do not feel obligated to do so. Please note that I will not be referencing our therapeutic work together in the event that you do approach me. Should you have any concerns or questions following such an encounter, feel free to voice them during our next session together.
- Appointments will ordinarily be 55 minutes in duration, once per week at a time that is agreed on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. You are responsible for coming to your session on time. If you are late, your clinician could choose to see you but your appointment will still need to end on time. If you are too late the clinician will ask you to reschedule your appointment.
- In an emergency, please call 911, 988 or go to your local emergency room for safety purposes. Note you may attempt to call your clinician if a crisis or emergency occurs at the LifeQuest office (775) 636-7767 Reno. Your clinician will get back to you at their earliest convenience.

Communication with Clinicians:

Communication between client and clinicians is limited to scheduling of appointments and will be answered at the clinician's earliest convenience. Due to delay in response time, clinicians cannot respond to emergency or crisis texts or phone calls.

In the event of an emergency, please call 911, 988 or local crisis hotline: 1(800)273-8255.

I certify that I have received the intake packet with consents. I understand I have a right to receive any copies of this document or documents that I sign. The intake packet with consents has been fully explained to me and I have read through it. I certify that I understand the packet and consents. If I have any questions or concerns, I may contact the clinician or the administrative staff at (775) 636-7767 Reno. **My signature below certifies that I have agreed to all parts that I have initiated and signed above. .**

***Please initial that you have read over the above information:**_____

***Signature:**_____

*__Print Name__:_____

***Date**____/____/___

LQ Representative signature:**_____Date**____/____/___

Emergency & Other Contact Form:

First Name:_____ Last Name:_____

Date of Birth: ____/____/_____ Pronouns:_____

Primary Phone #:_____Secondary Phone #:_____

Email Address:_____

Address: _____ 2nd Address:_____

***Please initial that you have read over the above information:**_____

City:_____ State:_____ Zip Code:_____

Relation:_____

- Emergency Contact
- Guardian
- Primary Care Physician

First Name:_____ Last Name:_____

Date of Birth: ____/____/_____ Pronouns:_____

Primary Phone #:_____Secondary Phone #:_____

Email Address:_____

Address: _____ 2nd Address:_____

City:_____ State:_____ Zip Code:_____

Relation:_____

- Emergency Contact
- Guardian
- Primary Care Physician

First Name:_____ Last Name:_____

Date of Birth: ____/____/_____ Pronouns:_____

Primary Phone #:_____Secondary Phone #:_____

Email Address:_____

Address: _____ 2nd Address:_____

City:_____ State:_____ Zip Code:_____

Relation:_____

***Please initial that you have read over the above information:_____**

- Emergency Contact
- Guardian
- Primary Care Physician

First Name:_____ Last Name:_____

Date of Birth: ____/____/_____ Pronouns:_____

Primary Phone #:_____Secondary Phone #:_____

Email Address:_____

Address: _____ 2nd Address:_____

City:_____ State:_____ Zip Code:_____

Relation:_____

- Emergency Contact
- Guardian
- Primary Care Physician

LifeQuest Behavioral Health Care Telehealth Informed Consent

o Minimize disruptions to care, telehealth psychological services are available and will be utilized via a HIPAA-compliant communication platform.

I (print your name) _____have

read the above statement and consent to receiving psychological services via Telehealth *(check all that apply)*:

***Please initial that you have read over the above information:**_____

- A HIPAA-compliant video conferencing via TherapyNotes or other HIPAA-compliant communication. use info above or other email provided below (circle one):
  _____

- Telephone:use info above or other number/email provided below (circle one):
  _____

If signed by other than client, specify relationship to client:
_____(must be a legal guardian)

Client/Representative Signature: _____

Date: ____/____/____

Why are you seeking help now? What is happening or is different? What stressors do you have? What do you hope will be different by seeking help?

Please give more details about the issue you named above: When did it start? How often does it happen? How does it affect your life? How have you dealt with it so far?

Have you ever experienced similar or other mental health symptoms before? If so, what was your experience like? When did it happen? Did you get help? Have you ever experienced suicidal thoughts? Are you experiencing suicidal thoughts currently?

***Please initial that you have read over the above information:_____**

Has anyone in your family ever experienced mental health or substance use issues? If so, who was it? Did they seek help or get a diagnosis? What was it like for them? What was it like for you?

Do you have any current or prior medical issues? If so, what was/is it? Have you seen a doctor or other healthcare professional for it? What recommendations or treatment did you have? Is there any family history of disease?

Are you currently prescribed any medications? If so, please list the name, dosage, how often you take it, and the prescriber for each medication.

Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed? If so, which? When did you start, how often did/do you use, and how long did this occur? Please list each substance separately.

Who is in your family? What is your relationship with them like? Please list all individuals you consider to be a part of your family. For those who are not part of your family of origin (such as significant others), please include the duration of your relationship.

What social activities and relationships do you engage in? What important social relationships do you have? Do you belong to any social clubs or organizations? How do you like to spend your leisure time?

What spiritual practices and cultural influences are important to you? Do you belong to a religious, faith, or spiritual community? What other cultural groups do you identify with? How do you celebrate culture and spirituality in your life?

What was life like as you were growing up, both at home and in school? Did you meet developmental milestones on time or experience any delays? What were your friends like when you were younger? What was school like for you?

What significant educational and work/volunteer experiences have you had? What is the highest level of education you have completed? Are you currently employed? If so, where and for how long? What other work and educational experiences have you had (such as a stay-at-home parent or semester abroad)? Are you satisfied with your current employment and education?

Do you have any current or prior legal issues? Were you ever arrested or charged with a crime or misdemeanor? Do you have any involvement with the civil courts, such as a lawsuit or family law matter? If so, please describe them.

What strengths and abilities are you bringing to sessions? What needs or preferences do you have that will help us be successful? What coping skills have been working for you so far? What is important to know that will help make our time more effective for you?

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How do you think seeking therapy specifically can help you?